

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522599

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				/		
2							52				/		
3							53				/		
4							54				/		
5							55				/		
6							56				/		
7							57				/		
8							58				/		
9							59				/		
10							60				/		
11							61				/		
12							62				/		
13							63				/		
14							64				/		
15							65				/		
16							66				/		
17							67				/		
18							68				/		
19							69				/		
20							70				/		
21							71				/		
22							72				/		
23							73				/		
24							74				/		
25							75				/		
26							76				/		
27							77				/		
28							78				/		
29							79				/		
30							80				/		
31							81				/		
32							82				/		
33							83				/		
34							84				/		
35							85				/		
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	41	←		←
TOTAL CLAIMS							TOTAL CLAIMS			42			